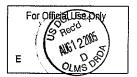
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5 (6)	2. Fiscal Year Covered From:			
7 - /	7/1/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John w GREENSTREET	Name BAC LOCAL #1 MD, VA &DC			
	Labor Organization File Number 005607			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2208 CARRS MILL ROAD	Street 5879 BLLENTOWN ROAD			
City FALLS TONE	City CAMP SPRINGS			
State MARYLAND ZIP Code +4 21047	State MARYLAND ZIP Code + 4 20744			
5. Position in labor organization. PRESIDENT BUSINESS MANNEER				
Enter appropriate data below if during the next finest year year any any				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
The state of the s	7.b. Amount,			
Street				
City City City City City City City City	settindenteralitiesend timos (sidere d'identidament dennament principalement sport e en le c			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed John M. Thermotoll	On <u>8-8-05</u> <u>240-695-9463</u> Date Telephone Number			

The of Demon Filling 2 / Land Control 105 F. /		File Number U-	
Name of Person Filing JOHN W. GREENSTREET			
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or		
8. Name and address of Business (including trade name, if any). Name /N/FRNATIONAL MASONRY INSTITUTE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 42 FAST STREET City ANNAPOLIS State MARYLAND ZIP Code + 4 21461	9. Business deals with: a. Labor Organizat b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	
Name	PAYMENTS ARE MADE TO THE INTERNATIONAL MASONAY INSTITUTE PURSUANT TO COLLECTIVE BARGAINING ACREE MENTS NECOTIATED BY THE UNION		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar val		VAKNOWN
State ZIP Code + 4	12.a. Nature of interest held or income received. ANNUAL MEETING BUSINESS EXPENSE REIMBURSEMENT FOR LODGING 11 03-04		
	12.b. Amount.		390.26
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	sy on dater timing at talling		•
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	From 3		
P.O. Box, Bldg., Room No., if any			
Street			:
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	t.	